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General Assembly
Fifty-ninth session

Official Records

99th plenary meeting
Thursday, 2 June 2005, 10 a.m.
New York

President: Mr. Ping ..... (Gabon)

The meeting was called to order at 10.10 a.m.

Agenda item 43 (*continued*)

Follow-up to the outcome of the twenty-sixth special session: implementation of the Declaration of Commitment on HIV/AIDS

High-level Meeting of the General Assembly to review the progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS

Report of the Secretary-General (A/59/765)

The President (*spoke in French*): The General Assembly, pursuant to resolution 58/313 of 1 July 2004, will begin, under agenda item 43, its High-level Meeting to review progress achieved in realizing the commitments set out in the Declaration of Commitment on HIV/AIDS.

As representatives will recall, the High-level Meeting will consist of an opening and a closing plenary meeting and five interactive round tables: three interactive round tables, to be held immediately following the adjournment of this plenary meeting, in the Economic and Social Council Chamber and in Conference Rooms 5 and 6, respectively; and two interactive round tables, to be held this afternoon from 3 p.m. to 5 p.m. in the Economic and Social Council Chamber and in Conference Room 5, respectively.

The themes for the five interactive round tables are contained in the *Journal*.

The closing plenary meeting will be held this afternoon at 5.30 p.m. in the General Assembly Hall.

Statement by the President

The President (*spoke in French*): We are here today to assess the progress made towards achieving the objectives set out in the Declaration of Commitment on HIV/AIDS, which the Assembly adopted on 27 June 2001.

We all have received the report of the Secretary-General, which he will introduce this morning. Next year the General Assembly will receive a full report in which the Secretary-General will summarize the progress made in implementing the last set of objectives, due to be completed by the end of 2005.

I welcome the presence at this meeting of representatives of Member States of all regions and of multilateral organizations, as well as those representing people living with HIV/AIDS and civil society. Who better than those individuals to speak to us about the efforts that have been made and about what we still must accomplish together?

I believe that we should always bear in mind one of the fundamental reasons why we unanimously adopted the Declaration of Commitment on HIV/AIDS, which sets forth a number of concrete actions that must be taken in accordance with a specific timetable.

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Let me quote here from paragraph 2 of the Declaration, which states that:

> "the global HIV/AIDS epidemic, through its devastating scale and impact, constitutes a global emergency and one of the most formidable to human life and dignity, as well to the effective enjoyment of human rights, which undermines social and economic development throughout the world and affects all levels of society — national, community, family and individual". (*resolution S-26/2, annex*)

At a time when the Assembly is preparing to assess the progress made by States and by the international community during the past four years, we must not forget that this pandemic is not only a critical challenge for today's societies but also a global emergency that needs to be identified as one of the major obstacles to the effective implementation of the Millennium Development Goals.

We must also acknowledge the fact that the threat posed by HIV/AIDS in 2005 is much greater than it was when we met here four years ago. In every way, it has taken on particularly alarming dimensions.

Indeed, in 2004 the number of people infected continued to grow, to about 5 million, and the number of deaths from HIV/AIDS also increased, reaching 3.1 million in 2004, a number much higher than in the four preceding years.

The pandemic is also spreading throughout the world at a disturbing rate, affecting additional countries and their peoples, particularly women and girls.

Ninety-five percent of those infected live in low- or medium-income countries. In an ever-growing number of countries, the pandemic is decimating human resources and absorbing the financial and material resources which the countries so desperately need in order to win the fight against AIDS. For instance, by the year 2006, 11 sub-Saharan African countries will probably have lost more than one-tenth of their workforce to AIDS. It is against that grim backdrop, therefore, that we must consider the recommendations contained in the Secretary-General's report and undertake a vigorous process of assessment.

The time has come to ask ourselves whether Member States have mustered the political will necessary for the implementation of the objectives set by the Declaration of Commitment.

We must therefore answer a number of critical questions that are constantly on our minds. Has every low- or medium-income country taken sufficient responsibility, at the national level, in the quest for solutions to the problems posed by AIDS?

Are political leaders themselves sufficiently involved in this struggle, and do they have the political will that is so crucial for victory over AIDS? Have high-income countries respected their pledges to support developing countries in the fight against this global threat?

What have we done — and have we done everything — to provide the sectors at risk, in particular young people, who comprise half the new cases of infection, with the tools, information and resources they need to protect themselves?

Have we succeeded in expanding treatment, care and support so that individuals living with HIV/AIDS can live a longer, healthier and more productive life?

To what extent have we fulfilled our pledges in the area of human rights to end stigmatization and discrimination against people infected with HIV/AIDS, in particular groups that are all the more marginalized because they are particularly vulnerable, such as women and girls?

Have we at least managed to contain the pandemic's impact?

I have been asked to present, at this afternoon's closing meeting, a summary of the five round tables that will take place in the course of the day. That summary should contain concrete proposals to submit for consideration at the high-level plenary meeting in September 2005.

I therefore urge participants to focus the discussions on the recommendations contained in the report of the Secretary-General (A/59/765). I wish them every success in their work.

I now give the floor to the Secretary-General, His Excellency Mr. Kofi Annan.

The Secretary-General: Four years ago, the General Assembly met in a special session and unanimously committed itself to addressing the scourge of HIV/AIDS. I said then that we faced an unprecedented crisis but one that has a solution: an unprecedented response from us all. I hoped that the resulting Declaration of Commitment (resolution S-

26/2, annex) would herald the emergence of a response to match the scale of the epidemic.

Four years on, the response in every key category has been significant — in political leadership, in funding, in the intensity and reach of prevention programmes and in the availability of drug therapies.

But it has also been insufficient. As my follow-up report (A/59/765) sets out, the response has succeeded in some of the particulars, but it has not matched the epidemic in scale. Last year saw more new infections and more AIDS-related deaths than ever before. Indeed, HIV and AIDS expanded at an accelerating rate and on every continent.

Treatment and prevention efforts were nowhere near enough. Only 12 per cent of the people in need of antiretroviral therapies in low- and middle-income countries were receiving them; I think the President stressed that in his statement. And while young people, especially young women, account for more than half of all new infections, most of the world's young people still lack meaningful access to youth-oriented prevention services.

It is now clear that the epidemic continues to outrun our efforts to contain it. If we are to reach the Millennium Development Goal of reducing by 50 per cent and beginning to reverse the spread of HIV/AIDS by 2015, then we must do much, much more.

We know what works. We know it is possible to break the cycle of new infections. We know that it is possible to halt the spread of the disease. We have seen what happens when prevention programmes succeed, as they have in Brazil, Cambodia and India. We are witnessing encouraging signs in the same direction in a number of countries around the world, from the Bahamas to Cameroon, Kenya and Zambia. Some of those countries have managed to arrest the epidemic at an early stage. Others have reversed the spread after it had already made inroads.

And we have seen real progress in providing access to treatment. By the end of last year, more than 700,000 people in low- and middle-income countries had access to antiretroviral therapy, thanks to the combined efforts of initiatives such as the "3 by 5" campaign run by the World Health Organization and the Joint United Nations Programme on HIV/AIDS, the work of the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United States President's Emergency Plan for AIDS Relief and the World Bank's Multi-Country HIV/AIDS Programme.

We must replicate and build on those successes. That will require increased resources, from traditional donors, from the private sector and from the most-affected countries themselves. That means full financing of the Global Fund to Fight AIDS, Tuberculosis and Malaria, as well as vastly increased funding of organizations that provide direct services to those in need.

It will require better planning to ensure that resources are used as effectively as possible. Here, we should look to the principles known as the Three Ones, whereby each recipient country has one agreed HIV/AIDS action framework, one national AIDS coordinating authority and one agreed country-level monitoring and evaluation system.

It will require greater, better and more vocal leadership at every level and in every area, from efforts to stamp out stigmatization and discrimination to the need for strengthening public health systems and infrastructure.

It will require real investment in the empowerment of women and girls. Women now account for about half of all people living with HIV worldwide, but they are also our most courageous and creative champions in the fight against the epidemic.

As participants know, in September, world leaders will meet here at the United Nations to assess progress in implementing the Millennium Declaration and to chart the road ahead. In many ways, the task this year will be much tougher than it was in 2000, when the Declaration was adopted. Instead of setting targets, this time leaders must decide how to achieve them. They must decide on a plan to achieve the Millennium Development Goals. In that mission, how we fare in the fight against AIDS is crucial. Halting the spread is not only a Millennium Development Goal in itself; it is a prerequisite for reaching most of the others.

That is why the fight against AIDS may be the great challenge of our age and our generation. Only if we meet that challenge can we succeed in our efforts to build a humane, healthy and equitable world. Let us ensure that we are equal to the task.

The President (*spoke in French*): In accordance with General Assembly resolution 58/313 of 1 July 2004, I now give the floor to Mr. Peter Piot, Executive

Director of the Joint United Nations Programme on HIV/AIDS.

Mr. Piot (Joint United Nations Programme on HIV/AIDS): We have just heard the Secretary-General emphasize in his statement the dramatic changes in global action to combat AIDS since the Assembly adopted the Declaration of Commitment on HIV/AIDS (resolution S-26/2, annex) four years ago. But equally, as the President said, we have not turned back the epidemic. In fact, given the quantum-leap worsening in the epidemic in recent years, the gap between need and action remains enormously wide and may even grow.

Looking back over the past four years, two disquieting facts become evident. One is that AIDS is an unprecedented global crisis; there is simply no other example of that kind. The other is that, until and unless we control this epidemic, it will continue to expand and worsen for decades, killing unbelievably large numbers of people and wrecking entire societies.

Those two facts require us to make a quantum leap in our commitment, in our goals and in our action in tackling this terrible epidemic. Those two facts show that the epidemic will defeat us unless there is an exceptional response from the world's leaders and the world public.

Our response will be equal to that challenge only when several milestones have been reached. First and foremost, AIDS must get the same level of attention and concern from the world's leaders as does global security — not one iota less. In every key policymaking body, the AIDS epidemic needs to be taken up as regularly and with as much scrutiny as the most urgent security threats and crises, underlining what the Secretary-General said earlier: that AIDS is one of the gravest global issues of our time.

The second essential milestone that we must reach is ensuring universal access to both HIV prevention and HIV treatment. It has become obvious in recent years that nothing less than universal access to HIV prevention and treatment will be sufficient if we are to keep the epidemic from engulfing future generations.

In order for universal access to become a reality, we must immediately close the huge funding gap of many billions, although there has been remarkable progress since 2001, notably because of the creation four years ago of the Global Fund called for by the General Assembly in the Declaration of Commitment.

A third milestone that we must reach is to make the money work for people on the ground. In order for the money to work effectively, all actors and funders need to support nationally led strategies through the Three Ones principles, which the Secretary-General just mentioned and which have been endorsed by Governments, civil society and donors worldwide since 2004. And in order for the money to work, the rights and needs of women and the most vulnerable and marginalized people — particularly sex workers, men who have sex with men and injecting drug users — must be accorded the highest priority in practice. Equally, people living with HIV have to be accorded their rightful leadership role at every level.

A fourth milestone in the context of a response that is truly equal to the threat is the full incorporation of a long-term horizon into our actions and a shift from the reactive to the proactive — to strategic action. This is an imperative, because the AIDS epidemic is a long-term one; it will not somehow disappear one fine day. Consequently, at the same time as we work on an emergency footing to make universal access to HIV prevention and treatment a reality, we must achieve several other things too. We have to put in place the systems that are needed to realize longer-term solutions, such as an HIV vaccine and a microbicide, and deal with lack of education, gender inequality, poverty and discrimination. We must also overcome the enduring obstacles to development created by the epidemic itself, such as the orphaning of generations of children and the stripping of human and institutional capacity. In other words, we need to plan for exceptional action on the things that will make a difference in one year and in five years, as well as in 10 years and in 20 years. And we must make that conceptual leap in our planning and actions.

I can assure the Assembly of the commitment of the 10 co-sponsoring organizations of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and of the secretariat to working hard to reach those four milestones. We have come a long way since the creation of UNAIDS, the joint and co-sponsored United Nations programme on HIV/AIDS. But that is not enough. As a United Nations system, we need to maximize our collective effectiveness by pooling our efforts in every country as a fully joint United Nations team and programme on AIDS. This is nothing less than United Nations reform in action for the benefit of the people.

The Declaration of Commitment adopted in 2001 was a brave and great leap forward. But it is self-evident today that success in combating the epidemic requires that almost every country execute a far stronger plan, take much stronger action and identify clear targets that go beyond 2015. If we invest now, on the right scale and in the right manner, in tackling this epidemic, we could free up scarce resources desperately needed for development much sooner than we think. Resolve the AIDS crisis, and we remove a major hurdle to achieving the Millennium Development Goals.

My call is that when the Assembly meets a year from now it will not be to discuss what has not been done on AIDS, but to agree on action to address the material and — dare I say — political obstacles in the path of universal access to HIV prevention and treatment. We cannot afford to rest before that has been achieved.

The President (*spoke in French*): I would again like to remind members that three interactive round tables will be held immediately following this meeting. The interactive round table on prevention will be held in the Economic and Social Council Chamber; the interactive round table on HIV/AIDS and human rights with an emphasis on gender will be held in Conference Room 5; and the interactive round table on resources will be held in Conference Room 6.

The meeting rose at 10.40 a.m.